

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

02

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		121831.57
(b) Cash on Hand at Beginning of Reporting Period	121831.57	
(c) Total Receipts (from Line 19)	111328.65	111328.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	233160.22	233160.22
7. Total Disbursements (from Line 31)	33794.57	33794.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	199365.65	199365.65
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	102525.00	102525.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5803.65	5803.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	108328.65	108328.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	111328.65	111328.65
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	111328.65	111328.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	111328.65	111328.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	674.57	674.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	674.57	674.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33120.00	33120.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33794.57	33794.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33794.57	33794.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	111328.65	111328.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111328.65	111328.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	674.57	674.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	674.57	674.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 39

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary Attman

Mailing Address 8028 Ritchie Highway
Suite 118

City State Zip Code
Pasadena MD 21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
FutureCare Health & Mgmt.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: C608337

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Mark Ballif

Mailing Address 100 E San Marcos Blvd
Suite 200

City State Zip Code
San Marcos CA 92069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plum Healthcare Group

Occupation
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610474

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Dee Bangerter

Mailing Address 5250 Commerce Drive
Suite 310

City State Zip Code
Salt Lake City UT 84107-5390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rocky Mountain Healthcare

Occupation
Owner & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C610443

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Barber

Mailing Address PO Box 3347

City

Spartanburg

State

SC

Zip Code

29304-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Oak Manor

Occupation

Executive VP/CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610489

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Brad Bedell

Mailing Address PO Box 1210
731 North Main

City

Sikeston

State

MO

Zip Code

63801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Managem-
ent

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614262

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Don C. Bedell

Mailing Address 731 North Main Street
PO Box 1210

City

Sikeston

State

MO

Zip Code

63801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle Partners

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614263

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bobby Beebe

Mailing Address 763 Avery Boulevard North

City

Ridgeland

State

MS

Zip Code

39157-5218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Management Corpo-
ration

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: C610469

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Extended Care
Centers

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C610440

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Elton Beebe

Mailing Address PO Box 6015

City

Ridgeland

State

MS

Zip Code

39158-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Management Corp

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614307

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

9250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patricia J. Benesh

Mailing Address 916 Tyler Drive

City

Williamsburg

State

VA

Zip Code

23185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Living

Occupation

Safety & Loss Control Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	0	9

Transaction ID: C608387

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Roger Bernier

Mailing Address 316 South Avenue

City

Fanwood

State

NJ

Zip Code

07023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Senior Living

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Transaction ID: C610534

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Jim Birchem

Mailing Address 920 4th Street, SE

City

Little Falls

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eldercare of Minnesota

Occupation

President/CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C647079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City

Dayton

State

OH

Zip Code

45459-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer
LBK Healthcare, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C647075

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Boyle

Mailing Address 4412 Applewood Avenue

City

Sioux City

State

IA

Zip Code

51106-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Center Mgmt Co

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614264

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Douglas Burr

Mailing Address 1185 Wilde Run Court

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Administrative Se-
rvices, LLC

Occupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610542

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City

Coon Rapids

State

MN

Zip Code

55433-5968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benedictine Health System-
Cambridge

Occupation

VP, Long Term Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614266

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Cliff Coldren

Mailing Address 1950 Cliffside Drive

City

State College

State

PA

Zip Code

16801-7662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookline

Occupation

Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610530

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gerald Cox

Mailing Address PO Box 7728

City

Rocky Mount

State

NC

Zip Code

27804-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Autumn Corp

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: C608375

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael D'Arcangelo

Mailing Address 200 Dryden Road
Suite 2000

City State Zip Code
Dresher PA 19025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Complete Healthcare Resources

Occupation
Senior Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: C608379

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Bernard Dana

Mailing Address 1402 W Nettleton Ct

City State Zip Code
Springfield MO 65810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vetter Health Services

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C610429

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Joseph Donchess

Mailing Address Louisiana Nursing Home Association
7844 Office Park Boulevard

City State Zip Code
Baton Rouge LA 70809-7603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Nursing Home Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C610447

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Durante

Mailing Address 26 North Broadway

City

Schenectady

State

NY

Zip Code

12305

FEC ID number of contributing
federal political committee.

C

Name of Employer
DMN Management ServicesOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: C604572

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

Fonda Elliot

Mailing Address 240 Capitol St
Ste 500

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM, Inc.Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C647081

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

John Elliot

Mailing Address 240 Capitol Street
Suite 500

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM IncOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C647080

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Gomez

Mailing Address 2201 K Street

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Association of Health
Facilities

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614267

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Don Gormly

Mailing Address 1685 Shaffer Rd

City

Atwater

State

CA

Zip Code

95301-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anberry Rehab Hosp

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614268

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Don Greiner

Mailing Address 4350 Will Rogers Pkwy
Ste 350

City

Oklahoma City

State

OK

Zip Code

73108-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace Living Centers

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610713

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard Groff

Mailing Address 9031 Penn Avenue S

City

Bloomington

State

MN

Zip Code

55431-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614298

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Robert W. Hagan

Mailing Address 16 Norcross Street
#100

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterling Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C608393

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Hebert Heflich

Mailing Address 857 Vosseller Avenue

City

Martinsville

State

NJ

Zip Code

08836-2387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Term Care Mgt Co

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610521

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Douglas Johnson

Mailing Address 1501 42nd Street
Suite 230

City State Zip Code
West Des Moines IA 50266-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawkeye Care Centers, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: C608381

Amount of Each Receipt this Period

1100.00

B.

Full Name (Last, First, Middle Initial)

Samuel Kaplan

Mailing Address 5500 Wells Fargo Center
90 South Seventh St

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: C610472

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614269

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francis P. Kirley

Mailing Address 6937 Warfield Avenue

City

Sykesville

State

MD

Zip Code

21784-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C608373

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Marian Kirley

Mailing Address 6937 Warfield Avenue

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614359

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Edward L. Kuntz

Mailing Address 680 S 4th St

City

Louisville

State

KY

Zip Code

40202-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

Chairman, CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: C610466

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter J. Licari

Mailing Address 200 Dryden Road
Suite 2000City State Zip Code
Dresher PA 19025FEC ID number of contributing
federal political committee.**C**Name of Employer
Complete Healthcare Resou-
rcesOccupation
President/ Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Transaction ID: C647074

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Patrick Martone

Mailing Address 26 North Broadway

City State Zip Code
Schenectady NY 12305-1932FEC ID number of contributing
federal political committee.**C**Name of Employer
Hallmark Nursing Centre
Inc.Occupation
Administrator and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: C604573

Amount of Each Receipt this Period

625.00

C.

Full Name (Last, First, Middle Initial)

Michael McBride

Mailing Address 101 Grace Dr

City State Zip Code
Easley SC 29640-9088FEC ID number of contributing
federal political committee.**C**Name of Employer
Health Management Resourc-
esOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C614271

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rick Mendlen

Mailing Address 1810 Gillespie Ways
Suite 212

City State Zip Code
El Cajon CA 92020-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennon S. Shea & Associat-
es

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614272

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Miller

Mailing Address 3611 Glenfield Ct

City State Zip Code
Louisville KY 40241-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Ventures

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614273

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

V. Richard Miller

Mailing Address 3594 East US Highway 30

City State Zip Code
Warsaw IN 46580-6720

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMM Invest Inc

Occupation
CEO/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614274

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Van Moore

Mailing Address 3155 River Rd S
Ste 100

City State Zip Code
Salem OR 97302-9819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westcare Management, Inc.

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C608277

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Michael Morton

Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Arkansas Nursing
Centers

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: C610462

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Michael A Newton

Mailing Address 1430 Progress Way
Ste 108

City State Zip Code
Eldersburg MD 21784-6484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health

Occupation
Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C647076

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy F Nicholson

Mailing Address 304 Gilbert Road

City

Dillsburg

State

PA

Zip Code

17019-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lyric Health Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C610448

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Tony E Oglesby

Mailing Address PO Box 350

City

Benton

State

TN

Zip Code

37307-0350

FEC ID number of contributing
federal political committee.

C

Name of Employer
SavaSenior Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614275

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Rich Pell

Mailing Address 21 Greystone Drive

City

Shepherdstown

State

WV

Zip Code

25443-4075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis

Occupation

SR VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: C610471

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Perry

Mailing Address Nevada Health Care Association
4550 West Oakey Boulevard

City State Zip Code
Las Vegas NV 89102-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Health Care Assn.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614276

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Teddy Rae Price

Mailing Address PO Box 1438

City State Zip Code
Winnfield LA 71483-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Management Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614354

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Neil L. Pruitt, Jr.

Mailing Address UHS-Pruitt Corporation, Inc.
1626 Jeurgens Court

City State Zip Code
Norcross GA 30093

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHS-Pruitt Corporation,
Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614277

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Blvd
Suite 280

City State Zip Code
Corona Del Mar CA 92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
SR Management Svcs. Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610488

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Rau

Mailing Address Nexcare Health Systems, Inc.
PO Box 2215

City State Zip Code
Brighton MI 48116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexcare Health Systems,
Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610714

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Joan Reidy

Mailing Address Avon Oaks Caring Community
37800 French Creek Road

City State Zip Code
Avon OH 44011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avon Oaks Caring Community

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610478

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Reissman

Mailing Address 5120 W Goldleaf Circle
Suite 400

City State Zip Code
Los Angeles CA 90056-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Serv-
ices

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C647078

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Jolene Roberts

Mailing Address 1702 Hillcrest Drive

City State Zip Code
Bellevue NE 68005-3652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillcrest

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C614489

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Frank Romano

Mailing Address 57 Summer Street

City State Zip Code
Rowley MA 01969-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essex Group

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614278

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leonard Russ

Mailing Address 40 Keogh Lane

City

New Rochelle

State

NY

Zip Code

10805-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayberry Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614282

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Joseph William Sadler

Mailing Address 3049 South Sherwood Forest Bouleva
Suite 250

City

Baton Rouge

State

LA

Zip Code

70816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Ancillary Services

Occupation

Regional Director of LTC Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C610456

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jesse Samples

Mailing Address 110 Association Dr

City

Charleston

State

WV

Zip Code

25311-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Health Care
Association

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C608397

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Samson

Mailing Address 9200 Sunset Boulevard
Suite 1100

City State Zip Code
West Hollywood CA 90069

FEC ID number of contributing
federal political committee.

C

Name of Employer
SNF Management/ Windsor

Occupation
President/ CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614292

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Terry Schmoyer, Jr.CPA, Pr

Mailing Address 1330 Lady St
Ste 507

City State Zip Code
Columbia SC 29201-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schmoyer & Co., LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C608390

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gerald Schroer, Jr.

Mailing Address 7235 Whipple Ave NW

City State Zip Code
North Canton OH 44720-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altercare

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610487

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address New Mexico Health Care Association
2329 Wisconsin Street NE

City State Zip Code
Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Health Care As-
sociation

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C610430

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
Weirton WV 26062-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Geriatric Center

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: C610451

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City State Zip Code
Lakewood CO 80228-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carriage Healthcare Compa-
nies, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610710

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Smith

Mailing Address One N Capitol Ste 1115

City

Indianapolis

State

IN

Zip Code

46204-2276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Health Care Assoc-
iation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: C608801

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Stallard

Mailing Address 1305 West Causeway Approach
#212

City

Mandeville

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covington Suites

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614294

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City

Lebanon

State

TN

Zip Code

37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614295

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Travis Tomlinson

Mailing Address 513 East Whitaker Mill Road

City State Zip Code
 Raleigh NC 27608-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayview Conv Home Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 1 / 2 0 0 9

Transaction ID: C608802

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Torgan

Mailing Address 5120 West Goldleaf Circle
 Suite 400

City State Zip Code
 Los Angeles CA 90056-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Serv-
ices

Occupation
Vice President, Customer Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: C614296

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jerry R. Tretwold

Mailing Address PO Box 829

City State Zip Code
 Brewster WA 98812-0829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harmony House Health Care
Center

Occupation
Owner/ Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: C614355

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Unverferth

Mailing Address 1100 Shawnee Road

City

Lima

State

OH

Zip Code

45805-3583

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCF, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C610532

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Robert Van Dyk

Mailing Address 304 South Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Dyk Health Care

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: C608388

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Glenn Van Ekeren

Mailing Address Vetter Health Services, Inc.
5020 South 118th Street

City

Omaha

State

NE

Zip Code

68137-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vetter Health Services

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C647077

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dennis W. Wheeler

Mailing Address PO Box 1545

City

Mount Pleasant

State

SC

Zip Code

29465-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Baye Healthcare

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614297

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Bill Williamson

Mailing Address 405 Sugar Mill Rd

City

Greer

State

SC

Zip Code

29650-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
HMR Advantage Health Systems

Occupation

VP and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: C608376

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Bruce Yarwood

Mailing Address 200 P Street
Apt F31

City

Sacramento

State

CA

Zip Code

95814-6259

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C608338

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan Zuccari

Mailing Address 7712 Carlton Place

City

Mclean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamilton Insurance Agency

Occupation

Insurance Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: C608389

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

102525.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)

Mailing Address 6767 North Industrial Road

City

Milwaukee

State

WI

Zip Code

53223

FEC ID number of contributing
federal political committee.

C C00409516

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: C614364

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D79329

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

219.80

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D79356

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

247.71

C.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D79328

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

207.06

SUBTOTAL of Disbursements This Page (optional)

674.57

TOTAL This Period (last page this line number only)

674.57

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MODERATE DEMOCRATS PAC

Mailing Address 426 C STREET NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
MODERATE DEMOCRATS PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

2009 Contribution

Transaction ID: D75175

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Eric I. Cantor

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: D76314

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

RADANOVICH FOR CONGRESS

Mailing Address 30151 TOMAS STREET

City
RANCHO STA MRGRITA

State
CA

Zip Code
92688

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. George P. Radanovich

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: D76311

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GINNY BROWN-WAITE

Mailing Address P.O. Box 865

City State Zip Code
 Brooksville FL 34605

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Ginny Brown-Waite

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: D76309

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
JOHN SPRATT FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 10986

City State Zip Code
 ROCK HILL SC 29731

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. John M. Spratt, Jr.

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: D76313

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. Box 12667

City State Zip Code
 Bakersfield CA 93389

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Kevin McCarthy

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D76280

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
DOGGETT FOR US CONGRESS

Mailing Address PO Box 5743

City Austin State TX Zip Code 78763-5743

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lloyd Doggett

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: D76312

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
ARCURI FOR CONGRESS

Mailing Address P.O. Box 8508

City Utica State NY Zip Code 13505

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Michael Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: D76310

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mike Thompson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D76315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GRIFFITH FOR CONGRESS

Mailing Address PO BOX 2619

City
HUNTSVILLE

State
AL

Zip Code
35804

Purpose of Disbursement
Contributions to Federal Candidates - debt retirement

Candidate Name
Rep. Parker Griffith

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: AL District: 05

Contrib for Debt Ret

Transaction ID: D76301

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

3000.00

Contrib for Debt Retireme

B.

Full Name (Last, First, Middle Initial)

HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL

Mailing Address POST OFFICE BOX 711

City
ROCKWALL

State
TX

Zip Code
75087

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ralph M. Hall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: D76278

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City
Charleston

State
WV

Zip Code
25339

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Shelley Moore Capito

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D76242

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS	Transaction ID: D76243 Date of Disbursement
Mailing Address P.O. Box 11519	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 0 9</div> </div>
City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Shelley Moore Capito	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN	Transaction ID: D75243 Date of Disbursement
Mailing Address PO BOX 871	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 9</div> </div>
City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>2500.00</div>
Candidate Name Sen. Byron L. Dorgan	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CARPER FOR SENATE	Transaction ID: D76279 Date of Disbursement
Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 9</div> </div>
City NEW CASTLE State DE Zip Code 19720	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>620.00</div>
Candidate Name Sen. Thomas R. Carper	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4120.00

TOTAL This Period (last page this line number only)

33120.00